	PATENT /						ON RECC	ORD	C	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL											
FÇ	OR	/	NUMBI	ER FILED	,	NUMBER		7 /	RATE	FEE	7 /	RATE	FEE										
BA	ASIC FEE		X 34 75	**************************************	(m) 50					345.00	OR	4	690.00										
TC	OTAL CLAIMS		13	minus 20=		*	*		X\$ 9=		OR	White to the same and weather											
	DEPENDENT CL			minus	3 =	•]	X39=		OR	V70											
Mu	JLTIPLE DEPEN	IDENT	CLAIM P	RESENT] [+130=		OR												
* If	the difference	in colu	less than ze	Ī	TOTAL	 	OR	L	1090														
ļ	С	LAIM	IS AS A	AMENDED) - F	PART II			·] ~	OTHER											
			lumn 1) LAIMS	1		Column 2) HIGHEST	(Column 3)	<u>)</u>	SMALL		OR	SMALL	ENTITY										
AMENDMENT A		REM AF	LAIMS MAINING IFTER NDMENT		PF	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONOC FEET										
NON	Total	<u> -</u>		Minus	**		=] [X\$ 9=		OR	X\$18=	0										
AME	Independent FIRST PRESE	* ENTATIO	ON OF M	Minus ULTIPLE DEF	PENE		=] [X39=		OR	X78=	1										
	FIROTETIC	Nione	JN OI W.	JLIIPLE DE,	,FIAF	DENT CLAUVI		ا ۱	+130=		OR	+260=											
								L	TOTAL		┨╓╻	TOTAL											
			lumn 1)	· · · · · · · · · · · · · · · · · · ·		Column 2)	(Column 3)		ADDIT. FEE	<u></u>	<u> </u>	ADDIT. FEE											
ENT B	A A A A A A A A A A A A A A A A A A A	REM.	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	$\left \right $	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE										
AMENDMENT	Total	*		Minus .	**		=	1 [X\$ 9=		OR	X\$18=											
AME	Independent	*		Minus		*	=]	X39=		OR	X78=											
_	FIRST PRESE	NIAIIC)N OF IVIO	JLTIPLE DEF	,ENL	DENT CLAIM		╛┞	+130=		1 r	+260=											
								L	TOTAL		OR	TOTAL	<u> </u>										
		(Cal	41		"	٥)	· · · · · · · · · · · · · · · · · · ·		DDIT. FEE		OR A	ADDIT. FEE											
.,		CL/	umn 1) -AIMS		I	Column 2) HIGHEST	(Column 3)	' 1		-51	· r												
AMENDMENT C		AF	IAINING FTER NDMEN:T		. I PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
<u>N</u>	Total	<u>.</u>		Minus	**		= .	1 [X\$ 9=		OR	X\$18=	_										
AME	Independent	*		Minus	***		=]	X39=			X78=											
_	FIRST PRESEN	NTATIO	N OF MU	JLTIPLE DEP	'END	ENT CLAIM]			OR -												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	<u> </u>										
***	t the "Highest Nurr If the "Highest Nun	mber Pre mber Pre	eviously Pai eviously Pai	aid For" IN THIS aid For" IN THIS	S SPA IS SPA	ACE is less than ACE is less than	in 20, enter "20." an 3. enter "3."	^_	TOTAL DDIT. FEE			TOTAL ADDIT. FEE											
'	The "Highest Numb	oer Prev	iously Paid	J For" (Total or	Inder	pendent) is the	highest numbe	er foun	d in the app	ropriate box	. in colu	ımn 1.											

Application or Docket Number